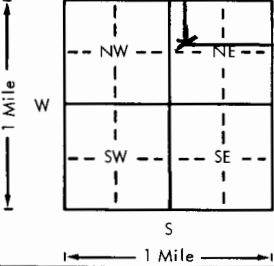


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

Permit no 79-287 CWW 16618 Arkalon #1-35

<input checked="" type="checkbox"/> Location of well:	County Seward	Fraction SW₄ NW_{1/4} NE_{1/4}	Section number 35	Township number T 33 S R 32 E/W	Range number																		
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: From Liberal go 1 mi East then 1 mi North and East Street address of well location if in city: 234 N. Mayne to location to location			3. Owner of well: Sage Drilling R.R. or street: c/o Al Freeman Box 1459 City, state, zip code: Liberal, Kansas 67901																				
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. <u>9</u> in. Completion date _____ Well depth <u>240</u> ft. <u>1-3-80</u>																				
5. Type and color of material			7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Type and color of material</th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Surface</td> <td>0</td> <td>2</td> </tr> <tr> <td>Medium to large sand</td> <td>2</td> <td>25</td> </tr> <tr> <td>Clay</td> <td>25</td> <td>35</td> </tr> <tr> <td>Medium to large sand</td> <td>35</td> <td>95</td> </tr> <tr> <td>Fine sand</td> <td>95</td> <td>240</td> </tr> </tbody> </table>			Type and color of material	From	To	Surface	0	2	Medium to large sand	2	25	Clay	25	35	Medium to large sand	35	95	Fine sand	95	240	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
Type and color of material	From	To																					
Surface	0	2																					
Medium to large sand	2	25																					
Clay	25	35																					
Medium to large sand	35	95																					
Fine sand	95	240																					
			9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <u>28</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>2.56</u> lbs./ft. Dia. <u>5</u> in. to <u>160</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.278</u>																				
			10. Screen: Manufacturer's name _____ Type <u>PVC Sawn</u> Dia. <u>5"</u> Slot/gauze <u>.030</u> Length <u>80</u> Set between <u>140</u> ft. and <u>220</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>1/8-3/16</u>																				
			11. Static water level: _____ mo./day/yr. <u>101</u> ft. below land surface Date <u>1-3-80</u>																				
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>80</u> g.p.m.																				
			13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____																				
			14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>28</u> Inches above grade																				
			15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.																				
			16. Nearest source of possible contamination: _____ ft. <u>100</u> Direction <u>N.E.</u> Type <u>Oil well</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No																				
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other																				
18. Elevation:			20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>118</u> Carlile Water Well Service Business name _____ License No. _____ Address <u>Box AA Liberal, Kansas</u> Signed <u>Edward E. Means</u> Date <u>1-4-80</u> Authorized representative																				
19. Remarks:																							
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley																							

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5